SUMMARY OF CAMPAIGN CONTRIBUTIONS AND EXPENSES 2000 RIMARY AND GENERAL ELECTIONS

State of Nevada

JIM MANCUSO JUSTICE OF The Peau ndidate's Name(print) Po Box 6086 NCLINE VILlage NV 8945	INCLINE Village Congetal
ndidate's Name(print) Office	District (if applicable)
Po Box 6086 (NCLINE Village NV 8945	0 832-4100
iling address (include city and zip code)	Telephone Number
REPORT NUMBER 1 - DUE AUC Report Period Began: December 17, 1994, for an offi Report Period Began: December 21, 1996, for an offi Report Period Began: December 19, 1998, for an offi Report Period Ends: August 23, 2 Cash on hand from previous campaign (should equal the of unspent contributions report), if any	ce with a six year term ce with a four year term ce with a two year term 2000
1. Total Amount of contributions in excess of \$100	
2. Total amount of contributions of \$100 or less	•100
Actual number of contributions of \$100 or less	
Actual number of contributions of \$100 or less 3. Interest and income earned, if any	0
Actual number of contributions of \$100 or less 3. Interest and income earned, if any 4. TOTAL AMOUNT OF ALL CONTRIBUTIONS	
3. Interest and income earned, if any	
3. Interest and income earned, if any4. TOTAL AMOUNT OF ALL CONTRIBUTIONS	8/00
3. Interest and income earned, if any4. TOTAL AMOUNT OF ALL CONTRIBUTIONS (add lines 1 through 3)	8/00
3. Interest and income earned, if any 4. TOTAL AMOUNT OF ALL CONTRIBUTIONS (add lines 1 through 3) EXPENSES SUMMARY	0 8/00
3. Interest and income earned, if any 4. TOTAL AMOUNT OF ALL CONTRIBUTIONS (add lines 1 through 3) EXPENSES SUMMARY 5. Total amount of expenses in excess of \$100	0 8/00
3. Interest and income earned, if any 4. TOTAL AMOUNT OF ALL CONTRIBUTIONS (add lines 1 through 3) EXPENSES SUMMARY 5. Total amount of expenses in excess of \$100 6. Total amount of expenses of \$100 or less	0 8/00 0 D

If no contributions or expenses are listed during this Report Period, only this page of the report needs to be filed with your filing officer.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 08/24/2 or

Signature of Candidate

Prescribed by Secretary of State NRS 294A 120, 294A.200 EL201 001(rev 04/00)

Total number of pages for this report

CAMP	IGN	CONTRIBUTIONS
	~~~	CONTRADCTIONS

REPORT	PERIOD	Number	•
		LIUILIDOL	

Jim	MANCUSO
Candidate's.	

Justice of the Peace

Incline Village - Crystal Cay, District (if applicable)

#### Contributions in Excess of \$100 or, When Added Together Exceed of \$100

CONTRIBUTOR'S NAME AND ADDRESS	DATE(S) OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION(S)	CHECK / IF LOAN	CHECK / IF IN KIND
None				

Candidate's Name (print)

Justice of the Peace

District (if applicable)

#### Contributions of \$100 or Less

DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION		DATI OF EA CONTRIBI	E CH UTION	AMOU OF EAC CONTRIBI	YT EH JTION
6-2-00	700					
						<del> </del>
		-				· -
					·····	
			· · · · · · · · · · · · · · · · · · ·			
		ļ <u>ļ </u>				
			<del>- ,,, </del>			

This page may be copied or duplicated if additional space is needed.

PAGE 3 OF 6

Jim Mancuso

Candidate's Name (print)

JUSTICE of the Peace

District (if applicable)

### **Expenses Categories**

CATEGORIES	CODE	TOTALS
Office expenses	A	
Expenses related to volunteers	В	
Expenses related to travel	С	
Expenses related to advertising	D	
Expenses related to paid staff	E	
Expenses related to consultants	F	history
Expenses related to polling	G	
Expenses related to special events	Н	
Goods and services provided in kind for which money would otherwise have been paid	I	
Other miscellaneous expenses Filing Fee	J	900

PAGE 4 OF 6

JAM MANCUSO	Justice of the Peace	IV-CB	
Candidate's Name (print)	Office	District (if applicable)	

# **Expenses in Excess of \$100**

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY	DATE(S) OF EACH EXPENSE	AMOUNT(S) OF EACH EXPENSE

This page may be copied or duplicated if additional space is needed.

PAGE_5 OF_6

Jin Mancuso	Justice of the leave	IV-CB
Candidate's Name (print)	Office	District (if applicable)

# Expenses of \$100 or Less

		•
DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE	CATEGORY
5-1-00	\$ 100.	T
		<del></del>
		<del></del>
	<del></del>	

This page may be copied or duplicated if additional space is needed.

PAGE 6 OF